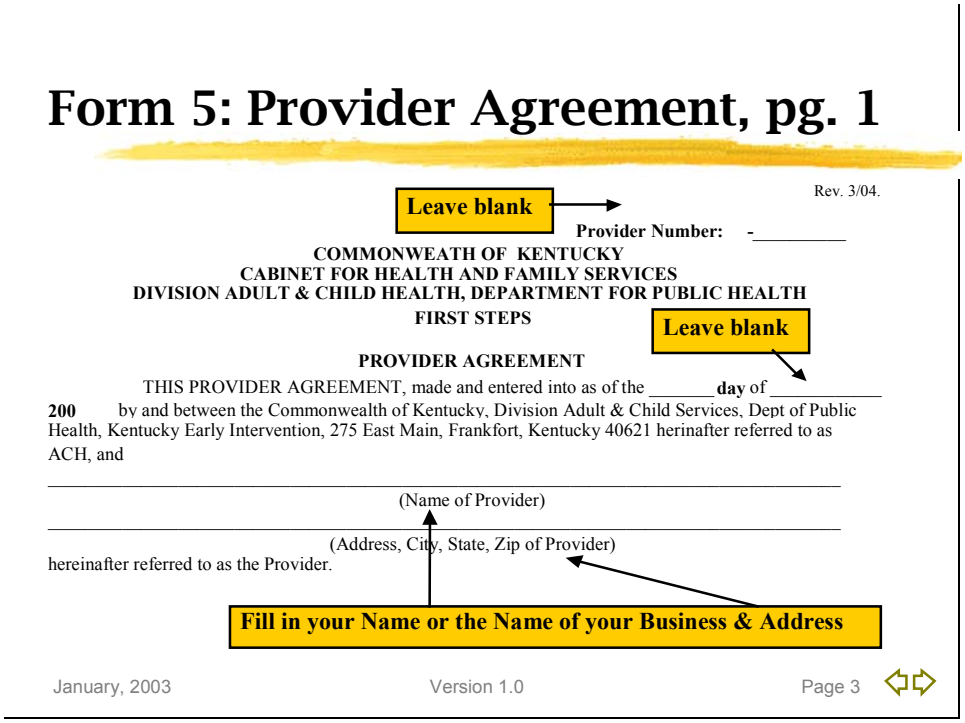
FORM 5 PROVIDER AGREEMENT INSTRUCTIONS

THE FORM 5 IS COMPRISED OF THREE PAGES. READ THESE INSTRUCTIONS CAREFULLY AND COMPLETE THE FORM 5 ACCORDING TO THESE 8 STEPS

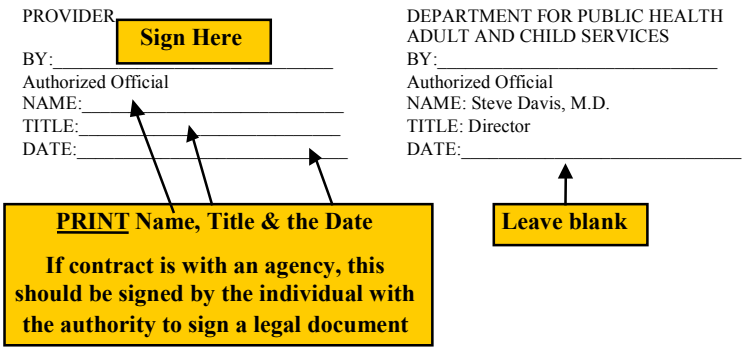


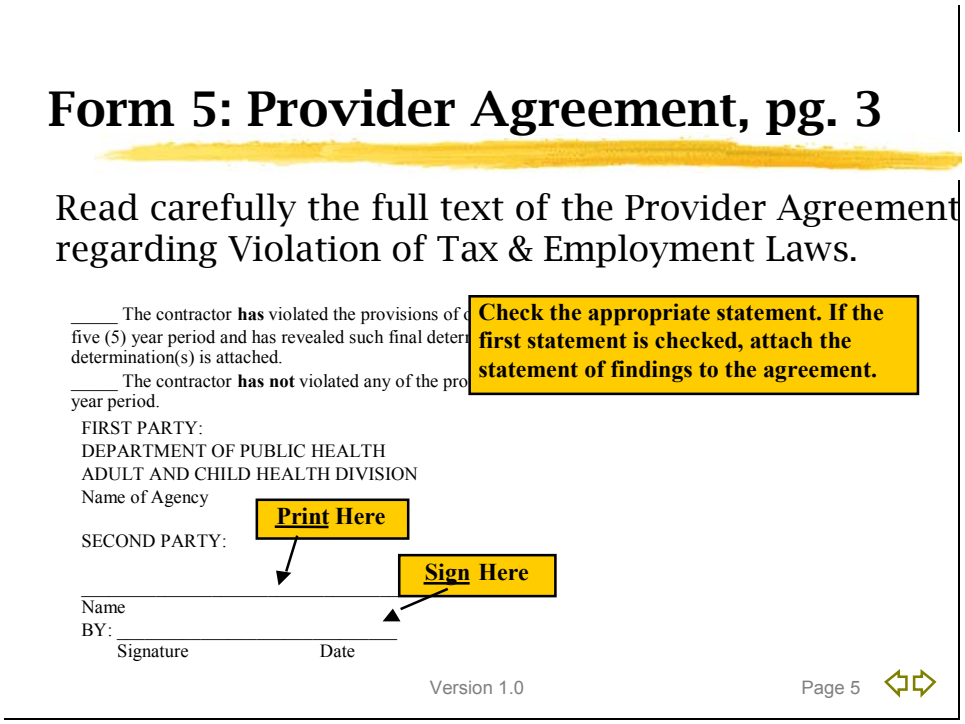
1. **Provider Number**:
   - **New Providers**: Leave the provider number blank (upper right hand corner of page 1). CBIS will assign you a provider number upon CCSHCN approval of your provider agreement.
   - **Renewals/Addendums**: Enter the same provider number under which you are currently submitting bills to CBIS.
2. **Date Contract Entered Into**: Leave month, day, & year blank (page 1). This will be completed by CCSHCN upon approval of your contract.
3. **Name of Provider**: Enter the legal name (your social security number or Federal Tax ID) of the entity requesting to become a First Steps Provider. (An entity can be either an agency or an independent provider.) This is the name under which your contract will be maintained in our records.
4. **Address of Provider**: Include your complete mailing address.

5. **Provider Signature** (Authorized Signature): You must include an original signature. (Copies and electronic signatures cannot be accepted.) The signature should be of the individual authorized to commit the entity to providing services, adhering to First Steps regulations, policies, and procedures. Include the individual's title and the date signed.

Form 5: Provider Agreement, pg. 3

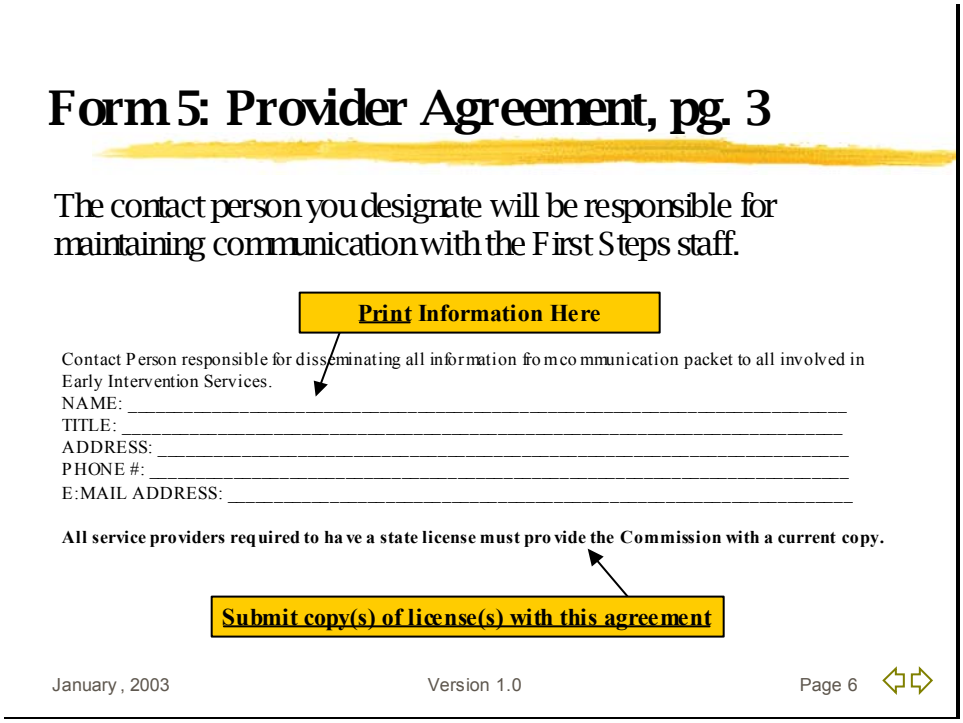
Read the full text of the Provider Agreement pages 1 and 2 and sign page 2 as shown below:





6. **Violation of Tax and Employment Laws** (page 3 of Form 5: Provider Agreement): This form must be fully completed and signed by the same person who is the authorized party that signs the provider agreement. You must check whether you have or have not violated one or more of the referenced statutes. You will sign as the Second Party.

Note: Do not complete the "Approved" or " Examined for Form and Legality" sections on the lower left hand-side. This is for internal use by the Cabinet for Health Services and Finance and Administration Cabinet.
If you have violated one or more of the provisions, you must attach the statement of finding(s) and your written response to the finding(s).



7. **Contact Person**: Do not leave this field blank. As a First Steps provider you will receive important information from time to time that must be communicated to personnel who deliver First Steps services and/or are responsible for administrative operations. Because of the number of providers and costs involved, this person agrees to be the central clearinghouse in your entity for all First Steps related information. The contact person assumes responsibility for disseminating First Steps information to appropriate staff in a timely manner. At any time if there is a change in the contact person or address, you must notify CCSHCN Provider Relations in writing (e-mail, letter, fax) within 10 working days of the new address. All communications must include your assigned CBIS provider number.
8. **E-Mail Address of Contact Person**: All First Steps provider entities (agencies and independent practitioners) are required to provide a valid E-Mail address. E-mail may be used occasionally to alert providers to important changes that are posted on the web site and to contact the provider regarding specific issues. At any time during the contract period that the e-mail address changes, you must notify CCSHCN Provider Relations in writing (e-mail, letter, fax) within 10 working days of the new address. All communications must include your assigned CBIS provider number.

Original Signature is Required

Do Not Fax or Electronically Send Form 5: Provider Agreement